24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

SCHEDULE E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full) COMMITTEE TO ELECT A PROGRESSIVE CONGRESS	FEC IDENTIFICATION NUMBER ▼ C C00549386
Check If 24-hour report 48-hour report New report Amends report filed	d on Mam / Dad / Yayayay
Full Name (Last, First, Middle Initial) of Payee AMM Political Mailing Address 507 N Sylvania	Date M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	8773.93 Transaction ID : SE.4107 ice Sought: House State: MA
Name of Federal Candidate Supported or Opposed by Expenditure:	Senate District: 05 President Support Oppose
for Office Sought 8773.93	bursement For: Primary General Other (specify) Special-Primary Special-Primary
Full Name (Last, First, Middle Initial) of Payee Mailing Address	Date
City State Zip Code	Amount
Purpose of Expenditure Category/ Type Name of Federal Candidate Supported or Opposed by Expenditure:	Senate District: President
Calendar Year-To-Date Per Election Dis	eck One: Support Oppose Support General
(a) SUBTOTAL of Itemized Independent Expenditures	Other (specify) 8773.93
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	8773.93
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
KIM HOOVER [Electronically Filed] Date	09 / 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y